

Alternatives 
for the Older Adult

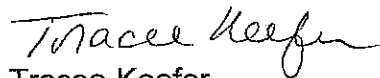
Dear Volunteer,

Thank you for your interest in volunteering for Alternatives for the Older Adult. By offering your time and energy, you are furthering Alternative's mission of helping older adults and their families achieve independence and quality of life.

Please find enclosed a volunteer application, a criminal background check form, credit check (Money Management volunteers only), a job description, an example of a person we have helped, and an Annual Report.

After you have completed and returned the volunteer application, background check, and credit check (id applicable) we will call you to set up a training date, which typically lasts about two hours. After the training you will be ready to be matched with your older adult. We want to take this opportunity to thank you for your interest and support of our mission, and to let you know if you EVER have questions or concerns, to please let us know. We are very lucky to have you with us, and want you to have a rewarding volunteer experience.

With Gratitude,



Tracee Keefer
Development

PCN: 12333502 F

DCN: 315814770

Cost Center

ILLINOIS STATE POLICE

Division of Administration
Bureau of Identification
260 N. Chicago Street
Joliet, Illinois 60432-4075

CONVICTION INFORMATION REQUEST--NON FINGERPRINT FORM

Agency Number: _____

Instructions: This form must be filled out completely and correct fees attached. Make all checks payable to the Illinois State Police. Failure to comply with these instructions will result in the return of this request unprocessed. Errors caused by illegible writing will be returned and require an additional fee upon resubmission.

This request is for employment or licensing purposes.

Yes

No

Subject Information

Subject Name:

Last Name

First Name

Middle Initial

Date of Birth

month / day / year

Sex: _____

Race: _____

Valid Codes for Sex

Valid Codes for Race

- Male M
- Female F
- Unknown U

- White W
- Black B
- Asian/Pacific Islands A
- American Indian/Alaskan I
- Unknown U

SS# _____

Subject Signature _____

Requester Information

Requester Name:

Last Name

First Name

Middle Initial

Agency: _____

(if any)

Street Address: _____

City: _____

State: _____

Zip Code: _____

Requester Signature _____

(Please Type or Print All Information)

Only Original Form Will Be Accepted By ISP

**Alternatives For The Older Adult
Volunteer Application Form**

What Volunteer Opportunity Are You Applying For?

Ombudsman Money Management Ring For Care clerical Caregiver Support
(Nursing Homes) (Pay Bills) (Telephone Calls) (office work)

How did you learn about these volunteer opportunities? _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Wk. Phone: _____

Education: _____

Employer Name: _____

Address & Phone: _____

Occupation: _____

Work Experience: _____

Volunteer Experience (Include Places & Dates): _____

Hobbies and/or Activities: _____

Do you speak any foreign languages fluently? _____

Please check the days of week and time of day that you are most often available to volunteer:

S ___ M ___ T ___ W ___ TH ___ F ___ S ___ Morning ___ Afternoon ___ Evening ___

Money Management Volunteer Applicants:

What interests you about being a Bill Payer or Representative Payee?

Who and where would you like to assist? (Please check all that apply)

male female elderly physically handicapped mentally handicapped
 homebound individual in group care individual with drug/alcohol problem

REFERENCES: (At least one professional reference and no relatives)

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Return To:

Alternatives for the Older Adult
1803 7th Street
Moline, IL 61265

Questions: 309-277-0167
1-800-798-0988